



First · Choice · for · Service

MONTHLY PARKING PERMIT APPLICATION

FOR STATE-OWNED PARKING FACILITIES MANAGED BY DPA IN THE DENVER BUSINESS DISTRICT
PHONE: 303.866.4357

NOTE: ONLY COMPLETE THIS FORM IF THE PARKING PROGRAM HAS NOTIFIED YOU THAT A SPACE HAS BECOME AVAILABLE.

PLEASE LEGIBLY PRINT OR TYPE REQUESTED INFORMATION

Applicant & Vehicle Information

Name (vehicle driver)

Last Name

First Name

Employer

Department/Institution

Agency

Applicant Work Address

Address

City

Work Phone #

Fax #

Work E-Mail Address

Home Address

Home Phone #

Applicant is PERMANENTLY physically disabled and is requesting priority parking assignment.

Applying for Qualified Car/Van Pool Status

No

Yes

If yes, # of Passengers

If yes, the supplemental Car/Van Pool Certification forms must also be completed prior to permit issuance

Applying for a Motorcycle parking assignment

No

Yes

Vehicle 1 (vehicle to be parked daily)

License Plate #

Year

Make

Model

Color

Vehicle 2

License Plate #

Year

Make

Model

Color

Applicant understands that the cost of this permit is payable by payroll deduction monthly and the cost may change annually. Applicant hereby authorizes a monthly payroll deduction for the cost of the monthly parking rent requested by and made payable to the State of Colorado effective upon the issuance of the permit. Applicant understands that a fine will be assessed to Applicant for each opener/parking permit lost, damaged or not returned and that the total amount of the fine will be deducted from Applicant's paycheck with the State of Colorado (or utilizing Vendor offset Program).

Applicant understands that all vehicles are parked at the applicant's own risk and that the State of Colorado is not liable for any damage to or theft of a vehicle or its contents when parked in a state-owned parking facility.

Applicant understands that Applicant must find alternative parking out of the assigned lot if an unauthorized vehicle is in Applicant's space and that Capitol Complex, Department of Personnel & Administration will not be responsible for any fee paid. Applicant is responsible for contacting Capitol Complex (303-866-4357) with the license plate number and vehicle description of the unauthorized vehicle and request that the unauthorized vehicle be towed. Applicant will be contacted when the space is available.

Applicant understands that Capitol Complex must be notified of any changes to this application and that parking privileges may be revoked for noncompliance with parking procedures and guidelines.

Parking permits must be affixed to the rearview mirror. If the permit is NOT visible through the front window, Applicant recognizes that the vehicle is subject to a parking ticket. This parking permit is assigned only to the Applicant and may not be assigned, subleased or otherwise transferred to any other person except as expressly allowed in the procedures and guidelines.

Applicant's Signature

Date

NOTE: PLEASE REFER TO THE DEPARTMENT OF PERSONNEL & ADMINISTRATION PARKING RULE GUIDELINES OTHER IMPORTANT INFORMATION.

To be completed by Capitol Complex/Parking Program:

Date Application Received _____ Date Permit Assigned _____ Date Permit Terminated/Revoked _____

Parking Permit Assignment

Lot _____ **Space #** _____

of Decals _____ Permit Decal # _____ Gate Opener # _____